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Internal Revenue Service

Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

Open to Public Inspection

▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

OMB No 1545-0047

<u>A</u>	For the	2010 calendar year, or tax year beginning OCT 1, 2010	and	ending 2	EP 30, 2011	
В	Check if	C Name of organization			D Employer identifi	cation number
,	applicabl	NORTH DAKOTA PARMERS UNION				
Ē	Addre	e EDUCATIONAL FUND	<del></del>			
Ļ	Name chang	e Doing Business As	<u>.                                    </u>			693935
L	Initial return	Number and street (or P 0 box if mail is not delivered to street address	s)	Room/suite		
	Termi	1415 1211 NVL DL 1.0. BON 2150		<u> </u>	701-	252-2340
	Amen	City or town, state or country, and ZIP + 4			G Gross receipts \$	342,206.
	Applic	DATEDIONNY ND 30401			H(a) Is this a group re	
	pendi	F Name and address of principal officer: WOODI DARTH			for affiliates?	Yes X No
		P.O. BOX 2136, JAMESTOWN, ND 584	01		H(b) Are all affiliates inc	luded? Yes No
	Tax-ex	empt status: X 501(c)(3) 501(c) ( )◀ (insert no )	4947(a)(1)	or 527	If "No," attach a	list. (see instructions)
		te: ► N/A			H(c) Group exemption	
		organization X Corporation Trust Association Othe	<u>r ▶</u>	L Year	of formation 2003 N	A State of legal domicile ND
P	art I	Summary				
ě		Briefly describe the organization's mission or most significant activities				
auc		EDUCATIONAL FUND IS TO SUPPORT THE	NORTH	DAKO	TA FARMERS U	NION
Ē	2	Check this box   If the organization discontinued its operation	s or dispo	sed of more	e than 25% of its net as	ssets.
Š	3	Number of voting members of the governing body (Part VI, line 1a)			3	6
જ	4	Number of independent voting members of the governing body (Part V	l, line 1b)		4	6
ies	5	Total number of individuals employed in calendar year 2010 (Part V, line	e 2a)		5	0
Σįξ	6	Total number of volunteers (estimate if necessary)			6	0
∠UIL Activities & Governance	7 a	Total unrelated business revenue from Part VIII, column (C), line 12			7a	<u> </u>
<u> </u>	Ь	Net unrelated business taxable income from Form 990-T, line 34	<u>.</u>		7b	0.
9					Prior Year	Current Year
<b>—</b> e	8	Contributions and grants (Part VIII, line 1h)			331,014.	306,177.
Ϋ́Ē	9	Program service revenue (Part VIII, line 2g)		0.	0.	
Fevenue 1	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		0.	5,478.	
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)			<118.	
111	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A)	, line 12)		330,896.	311,655.
ExpenSeCANNED	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)			92,965.	234,477.
Z	14	Benefits paid to or for members (Part IX, column (A), line 4)		<u> </u>	0.	0.
Ç̈́	15	Salaries, other compensation, employee benefits (Part IX, column (A), li	nes 5-10)		0.	0.
តន៍	16a	Professional fundraising fees (Part IX, column (A), line 11e)			0.	0.
×	b	Total fundraising expenses (Part IX, column (D), line 25)		0.		<del></del>
ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)			313,888.	3,070.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25	i)		-: 406,853.	237,547.
	19	Revenue less expenses. Subtract line 18 from line 12	1::-	-	<75,957.	> 74,108.
Net Assets or Fund Balances			99-7 F	Be Be	ginning of Current Year	End of Year
Sset	20	Total assets (Part X, line 16)	121 [	E3 0	2012 711, 297.	794,901.
E P	21	Total liabilities (Part X, line 26)	L		45,000.	45,000.
		Net assets or fund balances. Subtract line 21 from line 20		100	666,297.	749,901.
	art II	Signature Block				<del></del>
		Ities of perjury, I declare that I have examined this return, including accompanying				y knowledge and belief, it is
true	, correc	t, and complete Declaration of Deparer (other than officer) is based on all inform	nation of w	hich preparei		/
		Signature of officer				2012
Sig		, · · · ·			Date	
He	re	WOODY BARTH, PRESIDENT Type or print name and title				
				11	Date Check	PTIN
0		Print/Type preparer's name Preparer's signature	1000	_	11-1-11 F	— 1
Pai		TOM WILL TOMWW		<u>B</u>	202 self-employe	0
	parer Only	Firm's name BRADY, MARTZ AND ASSOCIATES	S, P.	·	Firm's EIN	
Use Only   Firm's address   P.O. BOX 848   MINOR ND 58702 0848						7011052 0106
<u></u>		MINOT, ND 58702-0848			Phone no (	701)852-0196
		RS discuss this return with the preparer shown above? (see instructions			·	X Yes No
0320	01 02-2	2-11 LHA For Paperwork Reduction Act Notice, see the separate	instructi	ons.		Form <b>990</b> (2010)

	1990 (2010) EDUCATIONAL FOND 11-3033333	rage Z
Par	rt III Statement of Program Service Accomplishments	
	Check if Schedule O contains a response to any question in this Part III	
1	Briefly describe the organization's mission:	
	THE PURPOSE OF ND FARMERS EDUCATIONAL FUND IS TO SUPPORT THE NORTH	
	DAKOTA FARMERS UNION FOUNDATION.	
2	Did the organization undertake any significant program services during the year which were not listed on	
	the prior Form 990 or 990-EZ?	s X No
	If "Yes," describe these new services on Schedule O.	
3		s X No
_	If "Yes," describe these changes on Schedule O.	
4	Describe the exempt purpose achievements for each of the organization's three largest program services by expenses.	
•	Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and	
	allocations to others, the total expenses, and revenue, if any, for each program service reported.	
4a	227 547	1
74	FUNDING CONTRIBUTED TO ND FARMERS UNION TO CARRY OUT A YOUTH CAMPIN	NG '
	PROGRAM AND DAY CLASSES. THIS CAMPING PROGRAM AND DAY CLASSES TEAC	
	ECONOMIC DEVELOPMENT THROUGH THE COOPERATIVE FORM OF BUSINESS.	
	ECONOMIC DEVELOPMENT THROUGH THE COOLERATIVE FORM OF DOBINEDS:	
		<del>_</del>
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$	)
		_
	- Martin	
		<del></del>
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)	)
		-
		_
4d	Other program services. (Describe in Schedule O.)	
-	(Expenses \$ including grants of \$ ) (Revenue \$ )	
40	Total program service expenses 237.547.	

	NORTH DAKOTA FARMERS UNION	2025		_
	990 (2010) EDUCATIONAL FUND 11-369	<u> 3935</u>	<u> </u>	age 3
Pai	t IV Checklist of Required Schedules		,	
•			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for	1		
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect	t		
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5	ŀ	
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide			
•	credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments?			
	If "Yes," complete Schedule D, Part V	10		Х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
•	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
_	Part VI	11a		Х
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
-	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total	1		
·	assets reported in Part X, line 16° If "Yes," complete Schedule D, Part VIII	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in	1.0		
•	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
е	Did the organization report an amount for other liabilities in Part X, line 25° If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	1		
•	the organization's separate or combinated imanifest statements for the tax year include a recent that assesses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		Х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI, XII, and XIII	12a		Х
h	Was the organization included in consolidated, independent audited financial statements for the tax year?			
_	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b	i	Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	1.12	<u> </u>	
-	and program service activities outside the United States? If "Yes," complete Schedule F, Parts I and IV	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization	1.75		<u> </u>
. •	or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals	"		<del></del>
	located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	10		
••	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17	j	Х
	The second state of the second			

18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines

Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"

b If "Yes" to line 20a, did the organization attach its audited financial statements to this return? Note. Some Form 990 filers that

Form **990** (2010)

18

19

20a

X

1c and 8a? If "Yes," complete Schedule G, Part II

20a Did the organization operate one or more hospitals? If "Yes," complete Schedule H

operate one or more hospitals must attach audited financial statements (see instructions)

complete Schedule G, Part III

Form 990 (2010) EDUCATIONAL FUND
Part IV Checklist of Required Schedules (continued)

			res	NO
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the		v	
	United States on Part IX, column (A), line 17 If "Yes," complete Schedule I, Parts I and II	_21	Х	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX,			Х
~~	column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete	23		Х
O4-	Schedule J  Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the	23		A
24a	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
		24a		Х
	Schedule K. If "No", go to line 25  Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		<del></del> -
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
·	any tax-exempt bonds?	24c		
а	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a			
<b></b>	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
ь	is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
_	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified			
	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete			
	Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):			
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X_
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			v
	contributions? If "Yes," complete Schedule M	30		<u>X</u>
31	Did the organization liquidate, terminate, or dissolve and cease operations?	0.4		Х
	If "Yes," complete Schedule N, Part I	31		
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	20		Х
	Schedule N, Part II	32		
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		х
24	Was the organization related to any tax-exempt or taxable entity?	33		
34	If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34	х	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	35		Х
оо a	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of		-	
a	section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	;		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
<b>J</b>	If "Yes," complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?			
	Note. All Form 990 filers are required to complete Schedule O	38	X	
	<del></del>			

orm 990 (	2010) EDUCATIONAL	FUND	11-3693935	Page 5
Part V	Statements Regarding Other IR	S Filings and Tax Compliance		

•	Check if Schedule O contains a response to any question in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			İ
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			į
	(gambling) winnings to prize winners?	1c		l
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a 0			l
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see instructions)			
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
þ	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country. ▶			
	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			ı
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х
Ь	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
C	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit		İ	
	any contributions that were not tax deductible?	6a		_X_
þ	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).		1	
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year		1	
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		<u>X</u>
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Х
9	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting		1	
^	organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.	<b>a</b> -	1	
a	Did the organization make any taxable distributions under section 4966?	9a		
Б 10	Did the organization make a distribution to a donor, donor advisor, or related person?  Section 501(c)(7) organizations. Enter:	9b		
	Initiation fees and capital contributions included on Part VIII, line 12			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  10b			
11	Section 501(c)(12) organizations. Enter:		- 1	
	Gross income from members or shareholders			
	Gross income from other sources (Do not net amounts due or paid to other sources against			
•	amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	Ì	
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		1	
	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O.		1	
b	Enter the amount of reserves the organization is required to maintain by the states in which the		1	
	organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		
			^^^	

Form 990 (2010)

EDUCATIONAL FUND

11-3693935 Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O See instructions. Check if Schedule O contains a response to any question in this Part VI Section A. Governing Body and Management Yes No 1a Enter the number of voting members of the governing body at the end of the tax year 6 b Enter the number of voting members included in line 1a, above, who are independent 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other Х 2 officer, director, trustee, or key employee? 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision Х of officers, directors or trustees, or key employees to a management company or other person? 3 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 5 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 6 Does the organization have members or stockholders? 6 7a Does the organization have members, stockholders, or other persons who may elect one or more members of the 7a governing body? 7b b Are any decisions of the governing body subject to approval by members, stockholders, or other persons? 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: X 8a a The governing body? Х **b** Each committee with authority to act on behalf of the governing body? 8ь Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the 9 organization's mailing address? If "Yes," provide the names and addresses in Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code) 10a Does the organization have local chapters, branches, or affiliates? 10a b If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, 10h and branches to ensure their operations are consistent with those of the organization? X 11a Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form? 11a b Describe in Schedule O the process, if any, used by the organization to review this Form 990. Х 12a Does the organization have a written conflict of interest policy? If "No," go to line 13 12a b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise Х 12b to conflicts? c Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe 12c in Schedule O how this is done Х Does the organization have a written whistleblower policy? 13 13 Х Does the organization have a written document retention and destruction policy? 14 14 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official 15a 15b b Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.) 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a Х 16a taxable entity during the year? b If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's 16b exempt status with respect to such arrangements? Section C. Disclosure NONE List the states with which a copy of this Form 990 is required to be filed Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply. X Upon request Another's website Own website Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. State the name, physical address, and telephone number of the person who possesses the books and records of the organization:

ND

JAMESTOWN,

58401

SUE CORWIN - 701-252-2340

1415 12TH AVE SE P.O. BOX 2136,

## NORTH DAKOTA FARMERS UNION

EDUCATIONAL FUND

11-3693935

### Form 990 (2010) Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated **Employees, and Independent Contractors**

Check if Schedule C	contains a response t	o anv o	uestion in th	ns Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter ·0· In columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order. individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

X Check this box if neither the organization (A)	(B)			((				(D)	(E)	(F)
Name and Title	Average			Pos		)		Reportable	Reportable	Estimated
	hours per	(c	heck				ly)	compensation	compensation	amount of
	week (describe hours for related organizations in Schedule O)	Individual trustee or director	Institutional trustee	Officer	Кеу етріоуее	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
ROBERT CARLSON		ŀ								
PRESIDENT	2.00	X		X				0.	0.	0.
WOODY BARTH		l								
VICE PRESIDENT	2.00	X		X				. 0.	0.	0.
BOB KUYLEN		1								
STATE SECRETARY	2.00	X		X				0.	0.	0.
TERRY BORSTAD										
STATE_TREASURER	2.00	X	ļ	X				0.	0.	0.
MARK WATNE								_	_	
SECRETARY/TREASURER	2.00	X		X		lacksquare		0.	0.	0.
ODEAN OLSON						1				_
DIRECTOR	2.00	X	ļ			<u> </u>	ļ	0.	0.	0.
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Page 8

ATIONAL FUND 11-3

Average hours per work (describe hours for work (describe hours for work)    Average hours per work (describe hours for work)   Postson	Par	t VII Section A. Officers, Directors, Tru	ıstees, Key Er	nplo	oyee	s, a	nd ł	ligh	est	Compensated Employ	ees (continued)				
Compensation   Comp	-,-										(E)		(F)		
Compensation   Comp		Name and title	no and the							1		Es	stimate	ed	
to Sub-total  1b Sub-total  1 Total form continuation sheets to Part VII, Section A  1 Total (add lines 1 b and 1s)  2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of compensation and related organization in line 1 as 1 ** Yee, complete Schedule I for such individual  4 For any androidual listed on line 1 as, ice the sum of reportable compensation from the organization and related organization. Solution in a 1 as the sum of reportable compensation from the organization and related organizations greater than \$150,000 ** If Yee, complete Schedule I for such individual  5 Dod any person listed on line 1 as 1 to sum of reportable compensation from the organization and related organizations greater than \$150,000 ** If Yee, complete Schedule I for such individual  5 Dod any person listed on line 1 as the sum of reportable compensation from the organization and related organizations greater than \$150,000 ** If Yee, 'complete Schedule I for such individual  5 Dod any person listed on line 1 as the sum of reportable compensation from any unrelated organization or individual for services  6 Section B. Independent Contractors  1 Complete this table for your five highest compensation from any unrelated organization or individual for services  1 Complete this table for your five highest compensation from any unrelated organization or individual for services  2 Total number of independent Contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization.  2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization				(C	nec	( all )	tnat	арр	IY)		•		ar		of
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The Sub-total or Total from continuation sheets to Part VII, Section A			1 '	d die			ŀ	pg		1				-	
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	2	•	-	ot III	mite	a to		_	ted	above) who received m	ore than				

NORTH DAKOTA FARMERS UNION 11-3693935 EDUCATIONAL FUND Page 9 Form 990 (2010) Part VIII Statement of Revenue (D) Revenue (A) (B) (C) Related or Unrelated Total revenue excluded from exempt function business tax under sections 512, 513, or 514 revenue revenue Contributions, gifts, grants and other similar amounts 1 a Federated campaigns 1a **b** Membership dues 1b 1c c Fundraising events 1d d Related organizations 26,700. e Government grants (contributions) f All other contributions, gifts, grants, and 279,477. similar amounts not included above Q Noncash contributions included in lines 1a-1f \$ 306,177. h Total. Add lines 1a-1f **Business Code** Program Service 2 a f All other program service revenue g Total. Add lines 2a-2f Investment income (including dividends, interest, and 2,915. 2,915. other similar amounts) Income from investment of tax-exempt bond proceeds Royalties (ı) Real (II) Personal 6 a Gross Rents b Less: rental expenses c Rental income or (loss) d Net rental income or (loss) (i) Securities (II) Other 7 a Gross amount from sales of 33,114. assets other than inventory b Less: cost or other basis 30,551 and sales expenses 2,563. c Gain or (loss) 2,563. 2,563. d Net gain or (loss) 8 a Gross income from fundraising events (not Revenue including \$ contributions reported on line 1c) See Part IV. line 18 Other b Less: direct expenses c Net income or (loss) from fundraising events  $\triangleright$ 9 a Gross income from gaming activities See Part IV, line 19 b Less: direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less: cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue Business Code 11 a d All other revenue

311,655.

e Total. Add lines 11a-11d

Total revenue. See instructions

5,478.

### Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns

Do not include amounts on,   Total expenses   Program service		All other organizations must com				
organizations in the U.S. See Part IV, line 21 Grants and other assistance to individuals in the U.S. See Part IV, line 22 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees Compensation not included above, to dequalified persons (as defined under section 4958(f)(3)) and persons described in section 4958(f)(3) and persons described in section 4958(f)(3) and section 403(b) employer contributions (include section 401(k) and section 403(b) employer contributions) Paryol taxes Person place contributions (include section 401(k) and section 403(b) employer contributions) Paryol taxes Accounting Legal Accounting Characteristics			(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	
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5 Compensation of current officers, directors, trustees, and key employees 6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(f)(1)) and persons described in section 4958(f)(3)(8) 7 Other salaries and wages 8 Penson plan contributions (include section 401(k) and section 401(k) and section 402(k) employer contributions) 9 Other employee benefits 10 Payroll taxes 11 Fees for services (non-employees):  a Management b Legal c Accounting d Lobbyring e Professional fundratising services. See Part IV, line 17 f Investment management fees Other 2 Advertising and promotion 3 Office expenses 1 Information technology Royalties C Occupancy 1 Travel P Rayments of travel or entertainment expenses for any federal, state, or local public officials C offerences, conventions, and meetings Interest 1 Payments to affiliates Depreciation, depletion, and amortization Insurance 1 Information expenses itemize expenses in line 24f If Ine 24f amount expenses itemize expenses in line 24f If Ine 24f amount expenses itemize expenses in line 24f If Ine 24f amount expenses itemize expenses in line 24f If Ine 24f amount expenses itemize expenses in line 24f If Ine 24f amount expenses itemize expenses in line 24f If Ine 24f amount expenses itemize expenses in line 24f If Ine 24f amount expenses itemize expenses in line 24f If Ine 24f amount expenses itemize expenses in line 24f If Ine 24f amount expenses in line 24f If Ine 24f amount expenses in line 24f If Ine 24f amount expenses in line 24f If Ine 24f amount expenses in line 24f If Ine 24f amount expenses in line 24f If Ine 24f amount expenses in line 24f If Ine 24f amount expenses in line 24f If Ine 24f amount expenses in line 24f If Ine 24f amount expenses Ine 24f I		See Part IV, lines 15 and 16				{ 
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26 Joint costs. Check here   ☐ If following SOP 98-2 (ASC 958-720) Complete this line only if the			237,547.	237,547.	0.	0.
98-2 (ASC 958-720) Complete this line only if the				- <del>-</del>	-	
combined educational campaign and fundraising solicitation		98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising				

Form 990 (2010)

Par	tΧ	Balance Sheet			
			(A) Beginning of year		(B) End of year
	1	Cash · non-interest-bearing	74,716.	1	144,024.
	2	Savings and temporary cash investments	636,581.	2	650,877.
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Receivables from current and former officers, directors, trustees, key			
		employees, and highest compensated employees. Complete Part II			
		of Schedule L		5	<del>/////////////////////////////////////</del>
	6	Receivables from other disqualified persons (as defined under section			
		4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing	9		
		employers and sponsoring organizations of section 501(c)(9) voluntary	,		
		employees' beneficiary organizations (see instructions)		6	<u> </u>
Assets	7	Notes and loans receivable, net		7	
Ass	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a			
	b	Less: accumulated depreciation 10b		10c	
	11	Investments · publicly traded securities		11	
	12	Investments · other securities. See Part IV, line 11		12	
	13	Investments · program-related. See Part IV, line 11		13	
	14	Intangible assets	- 13	14	
	15	Other assets. See Part IV, line 11		15	504.001
	16	Total assets. Add lines 1 through 15 (must equal line 34)	711,297.		794,901.
	17	Accounts payable and accrued expenses		17	
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
es	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
Liabilities	22	Payables to current and former officers, directors, trustees, key emplo			
ia		highest compensated employees, and disqualified persons Complete	Part II	_	
_		of Schedule L	45,000.	22	45,000.
	23	Secured mortgages and notes payable to unrelated third parties	45,000.	23	45,000.
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities. Complete Part X of Schedule D	45,000.	25	45,000.
	26	Total liabilities. Add lines 17 through 25  Organizations that follow SFAS 117, check here		26	43,000.
			mpiete		
ces		lines 27 through 29, and lines 33 and 34.	666,297.	27	749,901.
au	27	Unrestricted net assets	000/2371	28	7157501.
Ва	28	Temporarily restricted net assets		29	<del></del>
ը	29	Permanently restricted net assets	and	2.5	
Ę		Organizations that do not follow SFAS 117, check here	and		
Net Assets or Fund Balances	00	complete lines 30 through 34.		30	
set	30	Capital stock or trust principal, or current funds		31	
As	31	Paid-in or capital surplus, or land, building, or equipment fund Retained earnings, endowment, accumulated income, or other funds		32	
Ne.	32	Total net assets or fund balances	666,297.		749,901.
	34	Total liabilities and net assets/fund balances	711,297.	34	794,901.
	1 34	TOTAL HADRILLES AND HEL ASSELS/TUND DAIGNICES	, , , , , , , , , , , , , , , , , , , ,		Form <b>990</b> (2010)

Pa	1 XII Reconciliation of Net Assets					
•	Check if Schedule O contains a response to any question in this Part XI				X	
1	Total revenue (must equal Part VIII, column (A), line 12)	1		11,6		
2	Total expenses (must equal Part IX, column (A), line 25)	2		37,5		
3	Revenue less expenses. Subtract line 2 from line 1	3		74,1	108.	
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	-6	66,2	297.	
5	Other changes in net assets or fund balances (explain in Schedule O)	5			196.	
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	7	49,9	01.	
Pa	t XII Financial Statements and Reporting					
	Check if Schedule O contains a response to any question in this Part XII					
				Yes	No	
1	Accounting method used to prepare the Form 990: X Cash Accrual Other				7.	
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0.				
2a	2a Were the organization's financial statements compiled or reviewed by an independent accountant?					
b	and the second s					
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit.	. [			
_	review, or compilation of its financial statements and selection of an independent accountant?		2	ا د		
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule C	).			
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issue					
_	separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	nale Au	dit		1	
O.	Act and OMB Circular A-133?		3	a	X	
<b>h</b>	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ired au	1	1	+	
U	or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	., 00 00	31	,		
	or addits, explain with in ochequie of and describe any steps taken to undergo such addits.			m <b>990</b>	(2010)	
			1 01	555	(CO 10)	

### **SCHEDULE A**

(Form 990 or 990-EZ)

Department of the Treasury

## **Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

OMB No 1545-0047

Open to Public Inspection

Name of the organization

NORTH DAKOTA FARMERS UNION EDUCATIONAL FUND

Employer identification number 11–3693935

Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 3 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III ) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). X An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h. d \_\_\_ Type III - Other a X Type I **b** Type II c Type III - Functionally integrated By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, Yes No X 11g(i) the governing body of the supported organization? X 11g(ii) (ii) A family member of a person described in (i) above? (iii) A 35% controlled entity of a person described in (i) or (ii) above? Provide the following information about the supported organization(s). (III) Type of (iv) is the organization (v) Did you notify the (vi) Is the (vii) Amount of (i) Name of supported (ii) EIN organization organization in col in col (ı) listed in your organization in col support organization (i) organized in the (described on lines 1-9 governing document? (i) of your support? US2 above or IRC section Yes No Yes (see instructions)) No No NORTH DAKOTA FARMERS UNI 45-04575747 X Х X

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2010

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

Governments, and Individuals in the United States Grants and Other Assistance to Organizations,

Open to Public Inspection 2010

> Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22. ► Attach to Form 990.

Name of the	Name of the organization NORTH DAKOTA FARMERS UNION	Employer identification number	ation number
	EDUCATIONAL FUND	11-3	11-3693935
Part	Part i General Information on Grants and Assistance		
1 Doe	Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection	ection	
crite	criteria used to award the grants or assistance?	X Yes	2 
2 Des	2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.	;	
Part	Part # Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any	art IV, line 21, for any	•
		•	

recipient that received more than \$5,000. Check this box if no on	\$5,000. Check the	s box if no one recipien	it received more tha	an \$5,000 Part II	can be duplicated if a	e recipient received more than \$5,000 Part II can be duplicated if additional space is needed	
1 (a) Name and address of organization or government	(p) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NORTH DAKOTA COWBOY HALL OF FAME 250 MAIN STREET MEDORA, ND 58645	45-0439518	501(C)(3)	10,000.	0.	FMV		ASSIST ORGANIZATION WITH THEIR EXEMPT PURPOSE.
NORTH DAKOTA HERITAGE FOUNDATION PO BOX 1976 BISMARCK, ND 58502	23-7305181	501(C)(3)	20,000.	0	FMV		ASSIST ORGANIZATION WITH THEIR EXEMPT PURPOSE.
CENTER OF AG POLICY NORTH DAKOTA STATE UNIVERSITY FARGO, ND 58105	45-6002439	501(C)(3)	25,000.	0.0	PMV		ASSIST ORGANIZATION WITH THEIR EXEMPT PURPOSE.
FARMERS EDUCATIONAL AND COOPERATIVE UNION OF AMERICA - NORTH DAKOTA DIVISIO - PO BOX 2136 - JAMESTOWN, ND 58401	45-0130613	501(C)(5)	179,477.	0.	VMY		ASSIST ORGANIZATION WITH THEIR EXEMPT PURPOSE.

3 Enter total number of other organizations
LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Enter total number of section 501(c)(3) and government organizations

Schedule I (Form 990) (2010)

## NORTH DAKOTA FARMERS UNION

EDUCATIONAL FUND

· Page 2

11-3693935

Schedule I (Form 990) (2010) EDUCATIONAL FUND

Part it | Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22

Part III can be duplicated if additional space is needed.

ation required in Part I, line 2, and any other additional information.  NITORS THE USE OF GRANT FUNDS IN	ation required in Part I, line 2, and any other additional information.  NITORS THE USE OF GRANT FUNDS IN	alton required in Part I, line 2, and any other additional information.  NITORS THE USE OF GRANT FUNDS IN	ation required in Part I, line 2, and any other additional information.  NITORS THE USE OF GRANT FUNDS IN	ation required in Part I, line 2, and any other additional information.  NITORS THE USE OF GRANT FUNDS IN	ation required in Part I, line 2, and any other additional information.  NITORS THE USE OF GRANT FUNDS IN
nation required in Part I, line 2, and any other additional information.  NITORS THE USE OF GRANT FUNDS IN	nation required in Part I, line 2, and any other additional information.  NITORS THE USE OF GRANT FUNDS IN	nation required in Part I, line 2, and any other additional information.  NITORS THE USE OF GRANT FUNDS IN	ation required in Part I, line 2, and any other additional information.  NITORS THE USE OF GRANT FUNDS IN	ation required in Part I, line 2, and any other additional information.  NITORS THE USE OF GRANT FUNDS IN	NITORS THE USE OF GRANT FUNDS IN
mation required in Part I, line 2, and any other additional information.  ONITORS THE USE OF GRANT FUNDS IN	mation required in Part I, line 2, and any other additional information.  ONITORS THE USE OF GRANT FUNDS IN	nation required in Part I, line 2, and any other additional information.  NITORS THE USE OF GRANT FUNDS IN	ation required in Part I, line 2, and any other additional information.  NITORS THE USE OF GRANT FUNDS IN	ation required in Part I, line 2, and any other additional information.  NITORS THE USE OF GRANT FUNDS IN	NITORS THE USE OF GRANT FUNDS IN
d in Part I, line 2, and any other additional infor	mation required in Part I, line 2, and any other additional information.  ONITORS THE USE OF GRANT FUNDS IN	NITORS THE USE OF GRANT FUNDS IN	ALTORS THE USE OF GRANT FUNDS IN	AITORS THE USE OF GRANT FUNDS IN	NITORS THE USE OF GRANT FUNDS IN

## SCHEDULE O

(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or 990-EZ.

2010 Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

NORTH DAKOTA FARMERS UNION EDUCATIONAL FUND

Employer identification number 11-3693935

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
FOUNDATION.
FORM 990, PART VI, SECTION B, LINE 11: AFTER THE FORM 990 IS PREPARED, A
COPY IS DISTRIBUTED TO ALL BOARD MEMBERS FOR THEIR REVIEW. A REASONABLE
AMOUNT OF TIME IS ALLOWED FOR BOARD MEMBERS TO RAISE ANY QUESTIONS OR
CONCERNS REGARDING THE FORM 990 PRIOR TO FILING THE RETURN.
FORM 990, PART VI, SECTION B, LINE 12C: THE ORGANIZATION REQUIRES ANNUALLY
THE BOARD OF DIRECTORS SUBMIT A STATEMENT DETAILING ANY CONFLICT OF
INTEREST THE PERSON MAY HAVE, IF ANY, WHICH IS THEN APPROVED AT THE JANUARY
BOARD MEETING.
THERE ARE NO EMPLOYEES OF THE
EDUCATIONAL FOUNDATION.
FORM 990, PART VI, SECTION C, LINE 19: THE ORGANIZATION MAKES IT'S
GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS
AVAILABLE TO THE PUBLIC UPON REQUEST.
FORM 990, PART XI, LINE 5, CHANGES IN NET ASSETS:
NET UNREALIZED GAINS ON INVESTMENTS: 9,496.

SCHEDULE R (Form 990)

2010 Open to Public' Inspection

OMB No 1545-0047

Employer identification number 11-3693935

Direct controlling entity

End-of-year assets Related Organizations and Unrelated Partnerships

Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.

Attach to Form 990. Total Income Ð Identification of Disregarded Entities (Complete If the organization answered "Yes" to Form 990, Part IV, line 33.) Legal domicile (state or foreign country) Primary activity NORTH DAKOTA FARMERS UNION EDUCATIONAL FUND Name, address, and EIN of disregarded entity Name of the organization Department of the Treasury Internal Revenue Service Part

 	:
more related tax-exemp	ţ
ause it had one or	. ,
Part IV, line 34 bec	
swered "Yes" to Form 990,	
ions (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related tax-exempt	4.4
Identification of Related Tax-Exempt Organizations (Comorganizations during the tax year.)	
Part II	

	,	æ		1	l	•			-	•	l		l	
	( <u>6</u>	Section 512(b)(13)	entity?	ž	_		×			×				
		Section	Đ	Yes							_	_		
	<b>(b)</b>	Direct controlling	entity				ND FARMERS UNION							
	(e)	Public charity	status (if section	501(c)(3))			LINE 7							
	(g)	Exempt Code	section				501(C)(3)			501(C)(5)				
	(0)	Legal domicile (state or	foreign country)				NORTH DAKOTA			NORTH DAKOTA				
	(q)	Primary activity				FUNDING FOR ND FARMERS	UNION	ORGANIZATION COMMITTED TO	THE PROSPERITY OF FAMILY	FARMS AND RANCHES				
( m) ( m) ( m) ( m) ( m) ( m) ( m) ( m)	(a)	Name, address, and EIN	of related organization		NORTH DAKOTA FARMERS UNION FOUNDATION -	45-0457574, 1415 12TH AVE SE , JAMESTOWN, ND FUNDING FOR NE	58401	FARMERS EDUCATIONAL AND COOPERATIVE UNION OF DRGANIZATION	AMERICA - 45-0130613, 1415 12TH AVE SE,	JAMESTOWN, ND 58401				

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule R (Form 990) 2010

032161 12-21-10 LHA

NORTH DAKOTA FARMERS UNION

EDUCATIONAL FUND Schedule R (Form 990) 2010

Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.) Part III

· Page 2

11-3693935

(a) Name, address, and EIN of related organization	(b) Primary activity do do do do do do do do do do do do do	(c) Legal domicile (state or foreign	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	ncome lated, ax under -514)	Share of total income	(g) Share of Dend-of-year at assets	(h) Disproportionate allocations?	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	General or managing partner?	General or Percentage managing ownership
				,							
				9		2	500				-
Part IV included by the standard of the standa	poration or trust during the	he tax ye	ation or Trust (Corsar.)	npiete ii tre or	rganizatioi	n answered res	ю готп 990, гап	IV, line 34 I	oecause it nad o	ne or mor	e related
(a)  Name, address, and EIN  of related organization	Z _	, , , , , , ,	(b) Primary activity		(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income		(g) Share of end-of-year assets	(h) Percentage ownership
											ľ
				<del>, _</del> -							
032162 12-21-10									Schedul	B (Form	Schedule R (Form 990) 2010

# NORTH DAKOTA FARMERS UNION EDUCATIONAL FUND

Schedule R (Form 990) 2010 EDUCATIONAL FUND

Part V Transactions With Related Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35, 35a, or 36.)

Page 3

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Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule				Yes No	ę
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?	s with one or more re	lated organizations listed	in Parts II-IV?		
a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity				1a	×
<b>b</b> Gift, grant, or capital contribution to other organization(s)				1b	×
c Gift, grant, or capital contribution from other organization(s)				10	×
d Loans or loan guarantees to or for other organization(s)				14	×
e Loans or loan guarantees by other organization(s)				- Te	×
f Sale of assets to other organization(s)				11	×
g Purchase of assets from other organization(s)				19	×
				4	×
i Lease of facilities, equipment, or other assets to other organization(s)				<b>;=</b>	×
j Lease of facilities, equipment, or other assets from other organization(s)				1;	×
k Performance of services or membership or fundraising solicitations for other organization(s)	ization(s)			1k	×
I Performance of services or membership or fundraising solicitations by other organization(s)	ization(s)			=	×
m Sharing of facilities, equipment, mailing lists, or other assets				<b>1</b>	×
n Sharing of paid employees				-Tu	×
<ul> <li>Beimbursement baid to other organization for expenses</li> </ul>				2	×
				10	×
<ul> <li>q Other transfer of cash or property to other organization(s)</li> <li>r Other transfer of cash or property from other organization(s)</li> </ul>				1q 1r	$ \mathbf{x} $
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds	who must complete the	is line, including covered	relationships and transaction thresholds		
(a) Name of other organization	(b) Transaction type (a-r)	(c) Amount involved	(d) Method of determining amount involved		ĺ
(1)					,
(2)					•
(3)					:
(4)					
(5)					
9					
032163 12-21-10			Schedule	Schedule R (Form 990) 2010	2010

11–3693935

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NORTH DAKOTA FARMERS UNION

Schedule R (Form 990) 2010 EDUCATIONAL FUND

Part Vi Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 37.)

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a)	(Q)	(0)	9	(e)	E	(6)	ε
Name, address, and EIN of entity	Primary activity	Legal domicile (state or foreign	Are all partners section 501(c)(3)	Share yea	e sor-	Code V-UBI amount in box 20	General or managing
		country)	Yes No			(Form 1065)	Yes No
			-				
							-
							_
	:						
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			-				
			-				
							-

Schedule R (Form 990) 2010